

CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	20	↔		↔		↔
TOTAL CLAIMS	22					

	*		*		*
	IND.	DEP.	IND.	DEP.	IND.
51					
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100					
TOTAL IND.			↔		↔
TOTAL DEP.		↔		↔	
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY